4:29PM___ _Woods Memorial Accounting 35 2011-Nο. STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MCMINN MEMORIAL NURSING HOME & REHAB CENTER NAME OF PROVIDER OR SUPPLIER BOYATORY DIRECTORS OR PROVIDENSUPPLEN REPRESENTATIVES SIGNATURE DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (F (57) {F 000} PAGE TO THE PAGE T 85-0 (INJURY/DECLINE/ROOM, ETC) 483.10(b)(11) NOTIFY OF CHANGES completed January 6, 2011 was conducted at McMinn Memorial Nursing Home and Rehab Center on January 25, 2011, following INITIAL COMMENTS the resident from the facility as specified in §483.12(a). consequences, or to commence a new form of clinical complications); a need to alter treatment known, notify the resident's legal representative A facility must immediately inform the resident scope and seventy. The "D" level citations at F157, F279, F281, and F309 remain outstanding. but non-compliance continues at an "E" level implemented January 21, 2011, removed the Severity level "K", F490 Scope and Severity level "K", and F520 Scope and Severity level "K". The the Immediate Jeopardy at F441 Scope and an allegation date of January 21, 2011, to remove acceptance of an Allegation of Compliance, with A revisit to the Annual Recertification Survey (realment); or a decision to transfer or discharge existing form of treatment due to adverse significantly (i.e., a need to discontinue an status in either life threatening conditions or deferioration in health, mental, or psychosocial physical, mental, or psychosocial status (i.e., intervention; a significent charge in the resident's injury and has the potential for requiring physician accident involving the resident which results in or an interested family member when there is an consult with the resident's physician; and if correction for all outstanding citations. The facility is required to submit a plan of Immediate Jeopardy at F441, F490, and F520, revisit revealed the corrective actions SLOWARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC DENTIFYING INFORMATION) (XII) PROVIDERISLAPPLIERICUA 445277 N Page & BAILDING E. WING (/2) MUNTIPLE CONSTRUCTION {F 157} F 000] STREET ADDRESS, CITY, STATE, ZIP CODE ETOWAH, TN 37331 883 HWY 411 NORTH over 301 and 400, identified during our state survey, via incident reports filled out 01/14/11 by Audit Nurse and D.O.N. 01/19/11 @ 1200. receiving linger stick blood sugar testing were notified by Administrator of survey during a medical staff meeting on findings regarding blood sugar readings The facility does and will require that were notified of all blood sugar readings in our state survey.) elevated blood sugar readings identified a need to alter freatment. (Such as, change in clinical condition that requires we notify physicians when there is a PROVIDERS PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO UXE APPROPRATE All physicians that have residents here The physicians of resident # 7 and # 14 Kelent to DEFICIENCY FORM APPROVED
OMB NO. 0938-0391 DATE SURVEY 01/25/2011 Ø SINT (BO) 01/19/11 CONPLIENCH CONFLIENCH 01/14/11

e agram participation. w deficiency statement ending with an astorisk (*) denotes a deddency which the institution may be excused from correcting providing it is determined that a register provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosuble 91 days towing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosuble 14 yes following the date these documents are made available to the facility. If defletances are clied, an approved plan of correction is regulate to continued yes following the date these documents are made available to the facility. If defletances are clied, an approved plan of correction is regulate to continued

FORM CMS-2567(02-99) Previous Ventons Obsoleto

Event ID:LUR#12 Fa

Facily D: TN5400

If continuation sheet Page 1 of 22

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Feelily D: The Sca		DIAM CIMS-2567(02-99) Provious Vendons Obsobrio Even) ID:LARW12	H CMS-2587(02-99)
 All residents currently receiving finger stick blood sugars, as well as, any other residents with new orders for fingersticks or new residents will be added to this audit form. 		solution) and Juice, $60-80=1/2$ D50 and Juice, $61-150=0$ unit, $151-180=2$ units, $181-200=3$ units, $201-225=4$ units, $226-250=5$ units, $201-225=4$ units, $206-250=5$ units, $251-300=6$ units, $301-350=6$ units, recheck in 4 hr, > hr (hours), $351-400=10$ units, recheck in 4 hr, >	solution 81–150 units, 2 251–30 hr {hou
working, such as PHMPT, etc., will be inserviced upon return to work. Data from these auxilis will be taken to quarterly PI/QA meetings.		Medical record review of the Physician's Orders dated November 1, 2010 through November 30, 2010 revealed "Novolog 100 units/ml (millitter) unit stiding scale <(lass than) 60 (blood sugar value) amo (ampute) D50 (50 percent dextrose	Medica dated I 2010 n unit siliu
physician chilligated receives year physician collification from previous shift. These forms are being tuned in each shift to D.O.M.A.D.O.M. who are monitoring daily. Monday – Friday, for correletion and complaince. Murses not	•	Resident #14 was admitted to the facility on March 12, 2008 with diagnoses including Insulin Dependent Diabetes Mellitus, Leukocytes, Atrial Fibrillation, and Hypertension.	Reside March Depen Fibrilla
form was developed on 01/11/11 and all nurses currently working were inserviced on the new audit tool by A.D.O.N. starling 01/11/11 and is orgonia. This stool is being used by each shift to audit blood		mediants (#7, #14) of fixenty-six residents reviewed. The findings included:	residents reviewed The findi
D.O.N./A.D.O.N. Any staff unable to attend will be identified and educated upon return to work. A figure size 12-hour flow sheet check		This REQUIREMENT is not niet as evidenced by: Based on medical record review and interview, the facility failed to notify the physician when the facility failed to notify the physician when	This Riby: Bassed the fac
A formal review/inservice of POC including physicians notification will be hald 02/01/11 @ 1400 and 02/02/11 @ 1400 for all change nurses conducted by		The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	The fax the add legal re
### ### ##############################	₹ 150	Continued From page 1 The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.	F 157} Continued F The facility r and, if know or interestee change in re specified in resident righ regulations this section.
PROMIDERS PLOW OF CHARGE TAIN [EACH CORRECTION STORM APPROPRIATE CHOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY] All purses working chains out state	LAG LAG	SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)	FRIERX (EA TAG RES
STREET ADDRESS, CITY, STATE, ZIP CODE 806 HWY 411 NORTH ETOWAH, TN 37331	SI	NAME OF PROVIDER OR SUPPLIER MCMINN MEMORIAL NURSING HOME & REHAB CENTER	NAME OF PROVIDER OR SUPPLER MCMINN MEMORIAL NURSI
	B. WING_	445277	
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Feb. 1.	2011	4:30PM Wonds M	emo <u>rial Accoun</u> ti	ng		o. 3585		. 5	ASS C	
	ORMENS	3			{F (57)	CKA) 10 TAG	ME OF PRO		PLAN OF	PARTA
Ti di	FORU DAS 2657(02-89) Providus Versions Occolde	Medical record re Tracking/Sliding Record - Part 1 d eight blood sugal December 1, 4, 6 with no recheck ordered by the p revealed the resi December 2, 7, 6 over 400. Medic physician was no	Riedkal record redated December 2010 revealed * Scale 450 amb Juise, 81 181-200 = 3 units, 261-300 = 6 nacheck in 4 hr. 3 hr. >400 = 12 units a.m., 4 p.m."	Medical record rev Tracking/Silding Si Record - Part 1 da five blood sugar re check of the res by the physician. I the resident's bloo 24, 2010 was 421 revealed the physiond ordered.	Continued From page 2 (greater than) 400 = 12 Doctor)FSBS(Finger day, 6 a.m., 4 p.m.	SUMMARY STA JEACH DEFICENCY REGULATORY OR L	NAME OF PROVIDER OR SIPPLER		STATEMENT OF DEFICIENCES AND PLAN OF CORVECTION	MENT OF HEALTH
p.	ons Obociete	Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record - Part 1 dated December 2010 revealed Record - Part 1 dated December 2010 revealed per both of sugar readings over 301 at 4 p.m. on eight blood sugar readings over 301 at 4 p.m. on eight provided to the resident's blood sugar as with no recheck of the resident's blood sugar as ordered by the physician. Medical record review revealed the resident's blood sugar readings on December 2, 7, 9, 18, 20, 21, and 28, 2010 were over 400. Medical record review revealed the physician was not notified as ordered.	Red deal record review of the Physician's Orders dated December 1, 2010 through December 31, 2010 revealed *Novolog 10xunits/mi unit sliding 2010 revealed *Novolog 10xunits/mi unit sliding scale ~80 amp D50 and juice, 60-30 = ½ amp D50 and juice, 81-150 = 0 unit, 151-180 = 2 units, D50 and juice, 81-150 = 0 unit, 151-180 = 2 units, 181-200 = 3 units, 201-225 = 4 units, 226-250 = 5 units, 251-300 = 6 units, 301-350 = 8 units, necheck in 4 hr., 351-400 = 10 units, recheck in 4 hr., >400 = 12 units, call MDFSBS twice a day 7 a.m., 4 p.m."	Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record - Part 1 dated November 2010, revealed Record - Part 1 dated November 2010, revealed Record sugar readings of over 301 at 4 p.m. on five blood sugar teadings of over 301 at 4 p.m. on November 11, 16, 21, 22, and 30, 2010, with no November 11, 16, 21, 22, and 30, 2010, with no November 11, 16, 21, 22, and 30, 2010, with no November 11, 16, 21, 22, and 30, 2010, with no November 24, 2010 was 421. Medical record review revealed the physician was not notified as ordered.	Continued From page 2 (greater than) 400 = 12 units, call MD (Medical Doctor)FSBS(Finger stick Blood Sugar) twice a day, 6 a.m., 4 p.m.	SUMMORY STATEMENT OF DEFICIENCIES (EACH DEFICIENTY MUST BE PROCEOD BY FULL REGULATORY OR LISC IDENTIFYING YMFORMATIONY REGULATORY OR LISC IDENTIFYING YMFORMATIONY	NAME OF PROVIDER OR SIPPLER MCMINN MEMORIAL NURSING HOME & REHAB CENTER	445277	(X1) PROVIDER/SYPPLER/CLIA DENT/FICATION NUMBER:	DEPARTMENT OF HEALTH AND HUMAN SERVICES
	Ewart ID: LARW12	ucose stration on exvealed on exvealed on expensed of 14 p.m. on 25, 2010, of sugar as cond review aadings on , 2010 were aaled the	s Orders ember 31, lunit sliding 1/4 amp 80 = 2 units, 226-250 = 5 units, where a day 7 whice a day 7	ration retreated for the following the follo	Medical ar) twice a		NTER		100	
	N I		a	100 Ser	{F (157})	XIABSH	33 78.15	a. WING	A. BHILDING	
,	Labora Shedia		(40)		- Monitoring to be continued by an Charge Nurses (shift to shift), Audit Charge Nurses (shift to shift), Audit Nurse, A.D.O.N., and D.O.N. Nurse, A.D.O.N. (Exhibit 1)	PROVIDERS PLAN OF CARGEOTORIA PROVIDERS PLAN OF CARGEOTORIA PROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRI	STREET ADDRESS, CITY, SYAIL, AP CODE 888 HWY 411 NORTH ETOWAH, TN 37331		A. BILLOWS	- Control of the cont
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	een rage	7.77				COMPLETION DATE	Ğ	2017	. 6	PPROVED)938-0391 WEY

Robert Blocker	1	FORM CVS-2667(02-88) Pinnovias Virtuinis Ulisanovia	FORMCW
Trasaxa If continuation sheet Page 4 of 22	Facily ID: Th6-900	July 20, 2010 - 4:00 p.m., blood sugar recorded as 421 and under provided documentation box for MD notification the nurse entered no.	
		Review of the Blood Glucose Tracking Reports revealed the following dates when the resident had blood sugar values greater than 401:	
		Review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record - Part 1 Scale based areas for the nurse to fill-in if the MD (Medical Doctor) was notified.	
,		Medical report review of the Blood Glucose Tracking/Silting Scale Insulin Administration Tracking/Silting Scale Insulin Administration Reports from July-December 2010 and January Reports from July-December 2010 and January 2011 revealed the resident was having blood glucose leveks taken by the nursing staff and short acting insufin administered as ordered per the physician's sliding scale. Review of the physician's sliding scale. Review of the physician's orders revealed blood sugars were to physician's orders revealed blood sugars were to physician's land before be checked before breakfast (7 a.m.) and before supper (4 p.m.) and for a blood sugar value of 401-450 the resident was to have 20 units of "Humufin R" (regular/short-acting) insulin administered.	
		Medical record review revealed Resident #7 was admitted to the facility on April 2000, with diagnoses including insulin Dependent Diabetes and Aphasia related to a history of Cerebral Vascular Accident	
	(F 157)		{F 157}
PROVIDER'S PUM OF CURRECTION* [EVCH CORRECTION ACTION BE CAVE CROSS REFERENCED TO THE APPROPRIATE DEFICENCY)		SUMMARY STATEMENT OF CEFICIENCES REGULATORY OR USC IDENTIFYING INFORMATION!	PREFIX TAG
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STRUCTION	(XZ) MULTIPLE CONSTRUCTION	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	MEMEN

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heatPage 5 of 22	Featily BD: THE MISS If consideration sheet Page		A Facility must use the results of the assets A Facility must use the results of the assets Event ID:14RW12	A facility must use the rest	
	 The Care Plan for resident #5 identified during state survey was reviewed and updated to rehect newest assessment and current issues 01/05/11 by Resident Care Coordinator. 	(F 279)	mil contact the nursing staff about a change in the scheduled insulin doses next Monday." 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS	(F 279) 483.20(d) SS=D COMPRE	4:30PM
			Telephone interview, with the resident's physician at 4:30 p.m., on January 6, 2011, verified the at 4:30 p.m., on January 6 and 1 verified the nurses were to call for blood sugars greater than 400. During interview, the physician stated. The doal is to have the blood sugar better regulated apal is to have the blood sugar better regulated.	at 4:30 p.r nurses we 400. Duri	Mouys
	3.2		Interview with the Assistant Director of Nursing (ADON) at 12:00 p.m., on January 6, 2011, in the conference room, revealed the ADON stated, "There isn't a written pokey that addresses hypo or hyperglycemiafor a blood sugar less than 60 or greater than 400 the doctor should be notified or."	Interview (ADON) a (ADON) a conference "There isn or hypergion or greater "."	Memorial Ac
			December 25, 2010 - 4:00 p.m., blood sugar recorded as 432 and under provided documentation box for MD notification the nurse entered zero.	December 25 recorded as a documentation entered zero	countin
			November 16, 2010 - 4:00 p.m., blood sugar recorded as 451 and under provided documentation box for MD notification the nurse made no entry.	November 16, 2 recorded as 45 documentation made no entry.	g
		<u>-</u>	October 28, 2010 - 4:00 p.m., blood sugar recorded as 434 and under provided documentation box for MD notification the nurse entered zero.	October 28, 2 recorded as 4 documentation entered zero.	_
-	* *	F 1573	Continued From page 4 August 18, 2010 - 4:00 p.m., blood sugar recorded as 401 and under provided documentation box for MD rotification the nurse entered zero.		{F 157}
EAST TOTAL	PROMIDERS FLAN OF CONRECTION ENGLISHED FOR CARGO SHEET REPORT TO THE APPROPRIATE CHOIS REFERENCED TO THE APPROPRIATE DESIGNATION OF THE APPROPRIATE DESIGNA	PREFTX TAG	SUMMORY STATEMENT OF DEFICIENCES (ENCH DEFICIENCY WAST BE PRECEDED BY FULL RESULATORY OF LCC EDEMINATION)		o. 3585
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01/25/2011	-	B. WING	445277		7
R	A BUILDING ROCKER CONSTRUCTION (Value of the person)	V BRITTIBLE	ES (X1) PROVIDERSUPPLENCUA DEMIFICATION NUMBER:	STATEMENT OF DEFICIENCIES AND PLANOF CORFECTION	STATEN AND FL
FORM APPROVED OMB NO. 0938-0391			DEPARTMENT OF HEALTH AND HUMAN SERVICES	ARTMENT OF H	D P

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tPage 6 of 22	Fadity IX: TNS403 If confinuation sheet Page		ORM CNS-2207(02-99) Previous Varsions Obcokán Event ID:LARW 12	DRMC
	D.O.N., A.D.O.N. and auxil Nursa will monitor Care Plans weekly for correlation. (According to review date schedule)		the Knee Amputation. Medical record review of the MDS (Minimum Data Set) dated October 29, 2010 revealed the	
02/02/11	 An inservice reviewing PCC reparding Care Plans will be hald 02/01/11 @ 1400 and 02/02/11 @ 1400 for all nursing home & rehab staff. Staff unable to attend will be identified and oducated upon return to work. 		The findings included: Resident #5 was admitted to the facility on January 30, 2008, with diagnoses including Insulin Dependent Diabetes, End Stage Renal Disease requiring Hernotelysis, Chronic Obstructive Pulmonary Disease, and Right Below	
01/27/11	- All staff paticipating in MDS assessment and Caro Plan documentation of resident Care Plans attended telesconference inservice on Care Planning by QSource on 01/27/11 & 1430.	*	This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility taked to develop an individualized plan of care for one (#5) resident of twenty-seven residents reviewed.	
4	 Copies of all physician orders are boing forwarded to Care Pfan coordinators to aid in updating individualized Care Pfans at time of changes in incidents or conditions. 	7.54	Inignest practicative physical, memory and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).	
-	All Kardexes and diagnosis lists are now being reviewed since 01/11/11 along with Carle Plans on scheduled review dates.		medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's to be furnished to attain or maintain the resident's	
	addressed individually and that Care Plan is within correct time frame of latest MDS assessment.		The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's	
		{F 279}	(F 279) Continued From page 5 to develop, review and revise the resident's comprehensive plan of care.	['] 귀 2
SUNT COMPEDIA (CO)	PROWHERS PLAN OF CORRECTION FIGURE (PACH CORRECTIVE ACTION SHOUGHD HE CROSS-REFERENCED THE APPROPRIATE CROSS-REFERENCE) DEFORMORY	D PAS DA3	(A) TO SUMMARY STATEMENT OF DEFICIENCIES PREFIX FIGURE DEPOSITION OR USC IDENTIFICATION OR OR MATTER PROFIX	78 PR 98
	BES H	- 3	WEME OF PROMIDER OR SUFFLIEN MCMINN MEMORIAL NURSING HOME & REHAB CENTER	MC K
01/25/2011		B. WUNG	445277	
Z EO	A BUILDING R	A BUILDING	STATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIER/XLA AND PLAN OF CORRECTION DENTIFICATION (NUMBER:	STATE

Feb. 1.	2011- DRMCMS-258		Woods Memorial Accounting	**************************************	[F 279] C	0.358	MCMUNN M	STATEMENT OF AND PLAN OF	DEPARTA
0	-DRM CMS-2567/02-89) Free bus Vegidens Obsobin	Medical record rev presented to the su cresented to the su created approach reveated approach were not individual 1} Problems #4 an	Interview and reviet the conference no fits conference as 2011, with the assection seed Practical Licensed Practical Director of Nursing problems listed on and revealed residency days "every ninety days" every ninety days "every ninety days" or menewed goals" to remealed the residence of the residence of the seed of the conference of the problems and chronic and addressed. Divertified approache individualized.	Observation and in January 4, 2011, at dinling room reveal indwelling catheter pouch hanging from wheelchair. Intervi- oriented, alert, and appropriately.	Continued From page 6 resident was able to may understands others. A rewealed the resident he resident	SUMMARYSTA (EACH DEFICIBACY REGULATORY OR L	NAME OF PROVIDER OR SUPPLER	STATEMENT OF DEFICIENCES NAD PLAN OF CORRECTION	HENT OF HEALTH
	s Obsobile Ewol ID: LARWIZ	Medical record review of an updated care plan presented to the surveyor by LPN #3 on January 5, 2011, revealed an interdisciplinary team met on January 4 & 5, 2011. Review of the care plan revealed approaches within specific problems were not individualized for the resident as follows: 1) Problems #4 and #13 are both for a	Interview and review of the resident's care plan in the conference room at 3:06 p.m., on January 4, 2011, with the assessment/care plan nurse Licensed Practical Nurse (LPN) #3 and the Director of Nursing (DON) confirmed the problems listed on the care plan dated from 2009 and revealed residents' care plans are reviewed revealed residents' care plans are reviewed revealed the resident did not have the problem of weight loss (submitted on the Resident Condition Report) Identified within the care plan, and also call on the weight loss (submitted on the Resident ureteral stents and chronic indwelling catheter identified and addressed. During interview, the DON verified approaches within the care plan were not individualized.	Observation and interview with the resident on January 4, 2011, at 10:20 a.m., in the B-Wing dinling room revealed the resident had an indwelling cathefer with the drainage bag in a pouch hanging from the side of an electric wheekhair. Interview revealed the resident oriented, alert, and able to answer questions appropriately.	Continued From page 6 resident was able to "make self understood" and "understood" and "understands others". Medical record review revealed the resident had a Leff Below the Knee Amputation in 2009.	SUMMARY STATEMENT OF DEPICEMOES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION)	NAME OF PROVIDER OR SUPPLER MCDUNN MEMORIAL NURSING HOME & REHAB CENTER	(XI) PROVIDENSAFPLERIOLIA IDENTIFICATION NUMBER: 445277	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES
					(F 279)	D PREFIX TAG	LT: SS: ITI	B. WING_	TO THE PERSON NAMED IN COLUMN 1
	Fadin, ID. THEMES Howard Follower			26		PROVIDERS PLAY OF CORRECTION ((EACH CORRECTION SOTTON SOULD BE (EACH CORRECTION OF THE APPROPRIATE DEPICIENCY)	STREET ADDRESS, CITY, STATE, ZIP CODE 880 HWY 411 NORTH ETOWAH, TN 37331	8	FOI OMB N
	Romanumon spectrago rolza					TACE NOLEHWOO (SE)]	COMPLETED R 01/25/2011	FORM APPROVED OMB NO. 0938-0391

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LUER 445277 445277 445277 445277 A BUIL DWAS A STREET ADDRESS, CATY, STATE, 2IP CODE BERCY, MAST REPRECEDED BY FULL YOR LSC YEARINEST OF DEPACEMBLES A BUIL DWAS THE TOWARI, TN 37231 FROM PROBLESS PLAN OF COQUECTION (EACH CODESS PLAN OF COQUECTION (EACH CODES PLAN OF COQUECTION (EACH COORS.) (EACH COORS PLAN OF COQUECTION (EACH COORS PLAN OF COORS (EACH COORS PLAN		The physicians involved for the three (2) residents identified during survey (44, 412) were notified of suchly talture to recheck elemand blood sugars in four (4) hours, por inoldent report 01/14/11 filled out by D.O.N./Audit Nurse.		s services provided or arranged by the facility st meet professional standards of quality. s REQUIREMENT is not met as evidenced	: H : E :	
TREINTERNITES HABSER: 445277 445277 445277 445277 A BUILDRAK RESING HOME & REHAB CENTER PROMISERS PLAN OF CORNECTION PROMISE PLAN OF CORNECTION PROMISERS PLAN OF CORNECTION PROMISES PLAN OF CORNECTION PROMISE PLAN OF		 The facility does require staff to follow physician orders. 	(F 281)	of an electric wheelchair for mobility. 20(k)(3)(i) SERVICES PROVIDED MEET OFESSIONAL STANDARDS		
HENTIFICATION HANGER: A 445277 A 445277 A 5TREET ADDRESS, CATY, STATE, 2IP CODE B 6 HWY 411 HOREH RISING HOME & REHAB CENTER RISING HOME & RISING HOME AND R		8		rview and review of the resident's care plan at A-Wing nursing station, on January 5, 2011, A-Wing nursing station, on January 5, 2011, and the risident's assessment/care it 6 a.m., with the resident's assessment/care it 6 and the resident's plan of ricurse (LPN#3) verified the resident's plan of edid not include the ordered renal diet and drinks, falled to define the ered fluid restriction and a plan to achiere to restriction, did not include the method of sestriction, did not include the method of sestriction and a plan to achiere to restriction, did not include the method of sestriction of September 2010), and the	the car	<u>rial A</u> ccountin
RENDERANIEM NAMBER: A BUILDING R 445277 B. VING 445277 STREET ADDRESS, CITY, STATE, ZIP CODE 856 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 856 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 856 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 856 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 856 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 856 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 856 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 856 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 856 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 856 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 866 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 866 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 866 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 866 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 866 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 866 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 866 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 866 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 867 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 867 HWY 41 NORTH 878HER ADDRESS, CITY, STATE, ZIP CODE 878HER ADDRESS, CITY, STATE,				in the process of the	Det with with which approper	
LER 445277 B. WING 97 STATE, ZIP CODE LER STREET ADDRESS, CITY, STATE, ZIP CODE 85 HAVY 411 NORTH 87 STATE MORE & REHAB CENTER ETOWARL, TN 37331 PROMIDER'S PLAN OF CORRECTION OF CO		·,	J. Froj	tinued From page r apeutic diot, but neither offer individualized apeutic diot, but neither offer individualized pacifies related to the high potassium and sphorous foods and fluids the renal impalied sphorous foods and fluids the renal impalied dent should not receive; 2) Problem #3 - "At dent should not receive; 45 - "Self Care chur Falls" and Problem #5 - "Self Care		
	DATE		PRETIX TAG	SIMMARY STATEMENT OF DEPOSENCIES REGULATORY OR LSC DEMIRYING INFORMATION)		No. 358
BENTIFONITION MANBER: A, BUILDING 445277 B. WING	8	ROUTO	STREE	ER OR SUPPLIER ORIGINAL NURSING HOME & REHAB CENTER	MACMINN MEN	
DENDERCATION HANDER:	2011		B. WING	445277		5 J
	6		V BHILDAGE DCS) VANTUBLE	RECTION (XI) PROMIDENSUPPLIENCUM RECTION RENTERCATION MANBER:	U BLAN OF COL	Je 01

- All new physicians orders are being copied with copies going to report book. Care Plan Coordinators, and pharmacy. Audit Nurse is reviewing new orders from report book draily, Menday - Friday as double check. Ordens from report book are being serrowd when one (1) week or older and being turned into D.O.N.A.D.O.N. for review. - A fingersisk 12-hour flow sheat check audit tool was developed and implemented 01/11/11 to use from shift to shift to assess accuracy of impareliak fines, physician notikeation, and sliding scale issues from previous shift. - All active charge nurses have been inserviced on flow shoat by A.D.O.N. starting 01/41/11 and is ongoing. - These forms are being truned in each shift to D.O.M.JA.D.O.N. for review of completion/bompliance, daily (Wanday - Friday). - Friday). - Friday). - Friday. - Friday. - These forms are being truned in each shift to D.O.M.JA.D.O.N. for review of completion/bompliance, daily (Wanday - Friday).	with a recheck value of 353 at 8:00 p.m., (four hours later). Further review revealed no documentation the 353 value obtained on ORP CMS-257(02-99) Pravious Versions Obsobile French CMS-257(02-99) Pravious Versions Obsobile French CMS-257(02-99) Pravious Versions Obsobile French CMS-257(02-99) Pravious Versions Obsobile
- All new physicians orders copied with copies going to Care Plan Coordinators, and Care Plan Coordinators, and Audit Nurse is evolvening not report book daily, Monday footble check. Orders from are being removed when on older and being removed when on older and being removed when on all fit to live a developed an implemented off if if it to us shift to assess accuracy of times, physician noblikation scale issues from previous; all active charge nurses his soviced on flow shoot by starting 01/11/11 and is one ompletion/bompliance, dail Finday).	3 at 8:00 p.r w revealed r hue obtained
	The second secon
	hours: November 3, 2010 - 331 (blood sugar value); November 7, 2010 - 303; November 10, 2010 - 361; November 20, 2010 - 323; November 20, 2010 - 308; November 29, 2010 - 308; November 29, 2010 - 308; November 29, 2010 - 361, and a supervalue of 3553 continued review revealed on November 13, Continued review revealed on November 13, 2010 - 31, and a supervalue of 3553 continued review revealed on November 13, 2010 - 31, and 31,
	Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record dated November 2010 revealed no documentation the following blood sugar values obtained at 4:00 p.m., were rechecked in four
1.1	units (units of insu§n); 121-150 = zero units; 151-180 = zero units; 181-200 = 2 units; 201-225 = 3 units; 226-250 = 4 units; 251-300 = 5 units; 301-350 = 6 units (recheck in 4 hours); 351-400 = 7 units (recheck in 4 bours); > (greater than) 400 = 8 units (call medical doctor)."
All new physicians orders are being	Medical record review of the physician recapitulation orders dated November 1-30, 2010 and December 1-31, 2010 revealed "Accucheck before meals" and "Novolog Subcutaneous Silding Scale Insulin Low Dosing as follows: (less than) 60 (blood sugar) = AMP(ampule) D50 (concentrated sugar water) and Juice; 60-80-12 (gree-half) AMP D50 and Juice; 80-120 = zero
identified and vill be advanted by A.D.O.M. and/or D.O.N. upon return to work.	Resident #4 was admitted to the facility on October 23, 2009 and re-admitted on April 5, 2010 with diagnoses including Diabetes Mellitus Type II, Congestive Heart Falure, and Chronic Kidney Disease.
(F 281) - All active charge nurses have been reacticated on following physician orders starting 01/07/11 and has been organisher that and partitime nurses and/or nurses and working during this time frame.	(F 281) Continued From page 8 #14, #23) of twenty-seven residents reviewed. The findings included:
PROVIDERS PLAN OF CORRECTION DEFICIENCY DEFICI	(X4) ID SUMMARY STATEMENT OF DEPOCIPOUS HEREIX PREFIX HEATH DEPOCIPOUS MY SUS BE PRECEDED BY FILL RESULATION OR LIST USENITYING BEODMATICAD
STREET ADDRESS, CITY, STATE, ZIP CODE 888, SWAY 411 NORTH ETOWAH, TN 37331	NAME OF PROMIDER OR SUPPLIER MCMINN MEMORIAL NURSING HOME & REHAB CENTER
B. WING 01/25/2011	445277
PCONNULTIFICE CONSTRUCTION A BUILDING R	STAVEMENT OF DEFICIENCIES (X1) PROMIDENSIFFLIERCLIN AND PLAN OF DEFICETION IDENTIFICATION MUNICIPAL PROMIDENSIFFLIERCLIN

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Š	If conlinuation shoet Page 10 of 22	Fadily ID: THIS403		RM CUS-2537(02-96) Previous Verdina Cleodello Eveni ID-L-47VH12	RM CUS-2557)
	N.			Medical record teview of the Physician's Orders dated November 1, 2010 through November 30, 2010 revealed "Novolog 100 units/ml (milliller) unit siliding scale <60 (bood sugar value) amp (ampule) D50 (50 percent dextrose solution) and juice, 60-80 = 1/2 D50 and juice, 81-150 = 0 unit, 151-180 = 2 units, 181-200 = 3 units, 201-225 = 4 units, 226-250 = 5 units, 4echeck in 4 hr (hours),	35 35 65 2 €
	* 5			Resident #14 was admitted to the facility on March 12, 2008 with diagnoses including Insulin Dependent Diabetes Metitus, Leukocytes, Afrial Fibrillation, and Hypertension.	<u></u>
				Interview with the Director of Nursing in the conference room on January 5, 2011 at 9:05 a.m., confirmed the facility falled to follow the physician's orders to recheck the blood sugar values of 301-400 in four hours.	₹₽₩Ω =
02/02/11	nued by all shift), audit .O.N. survey findings .D201/11 & .0201/1	Monitoring to be comirued by all change ruress (shill to shift), audit Nurso, A.D.O.N., and D.O.N. A formal review of all survey findings and PCC was take place 02/01/11 69 14000 and 02/02/11 68 1400 for all charge nurses. Staff unable to attend with the identified and educated upon return to work.	5	Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record dated December 2010 revealed to documentation the following blood sugar values obtained at 4:00 p.m., were rechecked in four fours: December 5, 2010 - 305; December 5, 2010 - 319; December 15, 2010 - 339; December 18, 2010 - 34; December 18, 2010 - 34; December 18, 2010 - 345. December 22, 2010 - 345. Continued review revealed on December 17, 2010 at 4:00 p.m., a blood sugar value of 371 with a recheck value of 352 at 8:00 p.m., (four hours later). Continued review revealed no documentation the 352 value obtained on November 13, at 8:00 p.m., was rechecked in four hours.	
	PRN/PT) will be o work. Data o taken to ps.	Nurses not working (PRN/PT) will be inserviced upon return to work. Data from these audits will be taken to quarterly PI/OA meetings.	(F 281)	Continued From page 9 November 13, 2010 at 8:00 p.m., was rechecked in four hours.	{F 281} C
OWE CONDUCTION COO	AF CORRECTION STICK SHOULD BE OTHE APPROPRATE	PROVIDENS PLAY OF CORRECTION FIGURES THAT OF CORRECTION FIGURES TO THE APPROPRATE CROSS-REFERREDS TO THE APPROPRATE DEFICIENCY)	PRIEFIX TAG	SUMMARY STATEMENT OF DEFICENCIES (EACH DEFICIENCY MUST DE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)	(X4) ID PREFOR TAG
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o.	1. 20			Memorial Accounting date 2010		{F 281} Con 351. units	(X4) ID PREFIX TAG	MOMINN MEMORIAL NURS).	STATEMENT OF DEFICENCIES ON THE PLAN OF CORRECTION	DEPARTMEN
		DRM CNS-267(02-99) Previous Versions Obsobile	Medical record review of the Blood Glucose Tracking/Silding Scale Insulin Administration Record - Part 1 dated December 2010 reveale eight blood sugar readings over 301 at 4 p.m. December 1, 4, 6, 8, 12, 19, 24, and 25, 2010, with no recheck of the resident's blood sugar a ordered by the physician. Medical record revier revealed the resident's blood sugar readings on December 2, 7, 9, 18, 20, 21, and 28, 2010 we over 400. Medical record review revealed the solution of the physician was not notified as ordered.	Medical record review of dated December 1, 2010 2010 revealed "Novological evident p. 150 and jl. 550 and judes, 81-150 e. 151-200 = 3 units, 201-22 units, 251-300 = 6 units, 251-300 = 6 units, 251-300 = 12 units, 251-300 =	Wedical record review of the Blood Glucose Tracking/Silding Scale Insulin Administration Record - Part 1 dated November 2010, rever five blood sugar readings of over 301 at 4 p.r. November 11, 16, 21, 22, and 30, 2010, with recheck of the resident's blood sugar as onde by the physician. Medical record review reverse the resident's blood sugar reading on Novem 24, 2010 was 421. Medical record review revealed the physician was not notified as ordered.	Continued From page 10 351-400 = 10 units, recheck in 4 hr, >400 = 12 units, call MD (Medical Doctor)FSBS(Finger stick: Blood Sugar) lwice a day, 6 a.m., 4 p.m."	REGLEATORY OR LISC DEHITMAN OF DESIGENCES OF THE REGLEAT FULL REGLEATORY OR LISC DEHITMAN INFORMATION REGLEATORY OF LISC DEHITMAN OF DESIGNATION OF THE REGLEATORY OF THE REGL	WANE OF PROVIDER OR SUPPLIER MCANINN MEMORIAL RURSING HOME & REHAB CENTER			DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES
2		Event for L4RW12	Medical record review of the Blood Glucose Tracking/Siloling Scale Insulin Administration Record - Part 1 dated December 2010 revealed eight blood sugar readings over 301 at 4 p.m. on December 1, 4, 6, 8, 12, 19, 24, and 25, 2010, with no recheck of the resident's blood sugar as ordered by the physician. Medical record review revealed the resident's blood sugar readings on December 2, 7, 9, 18, 20, 21, and 28, 2010 were over 400. Medical record review revealed the resident's blood sugar readings on December 2, 7, 9, 18, 20, 21, and 28, 2010 were over 400. Medical record review revealed the physician was not notified as ordered.	Medical record review of the Physician's Orders dated December 1, 2010 through December 31, 2010 revealed "Novolog 100units/mt unit sliding scale <60 amp D50 and julice, 60-50 = ½ amp D50 and julice, 81-150 = 0 unit, 151-180 = 2 units, 181-200 = 3 units, 201-225 = 4 units, 226-250 = 5 units, 251-300 = 6 units, 301-350 = 8 units, recheck in 4 hr, 351-400 = 10 units, recheck in 4 hr, >400 = 12 units, call MDFSBS twice a day 7 a.m., 4 p.m."	Wedical record review of the Blood Glucose Tracking/Silding Scale Insulin Administration Record - Part 1 dated November 2010, revealed five blood sugar readings of over 301 at 4 p.m. on November 11, 16, 21, 22, and 30, 2010, with no recheck of the resident's blood sugar as ordered by the physician. Medical record review revealed the resident's blood sugar reading on November 24, 2010 was 421. Medical record review revealed the physician was not notified as ordered.	octor)FSBS(Finger octor)FSBS(Finger a day, 6 a.m., 4 p.m."	ALEANN INFORMATION)	ME & REHAB CENTER	445277	(X1) PROMOĐEVSUPPLERICIA IDENTIFICATION NUMBER	HUMAN SERVICES
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19	about Bolisher	Ji cor				2	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	STREET ADDRESS, CITY, STATE, ZIP CODE 858 HWY 413 NORTH ETOWAH, TN 37331		8	
	cher	If continuation sheet Page 11 of 22					POWDBE HOWD BE ECKION		01/25	(COMPLETED	PRINTED: UNZUZUTE FORM APPROVED OMB NO. 0938-0391
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reb.	1. 2	- AWONS	— 4:3 YM——Woods Memorial Accounting—		-{F 281}	No. 35	1	·. 	4 STATEN	DEP.
		RM CMS-2567(02-99) Previous Versions Obsolete	recapitulation orders dated December 1-3 and January 1-31, 2011 revealed "FSB: (fingerstick blood sugar) before meals an bedtime Novolin R Sidling Scale 250-30) units; 301-350 = 6 units; 351-400 = 8 unit (greater than) 400 = 8 units recheck in 2 the blood sugar -400 give current insulin accomment SS (sliding scale) recheck in 2 the dothris x (times) 3 then notify MD for furth corders" Medical record review of the Blood Glucos Tracking/Sidring Scale Insulin Administrat Record dated December 2010 revealed by documentation the following blood sugar very control of the first process o	the physician was not notified of blood over 400 as ordered. Resident #23 was admitted to the faci February 11, 2008 and re-admitted on 2008 with diagnoses including Insulin Diabetes Mellitus, Hypertension, Hypo and Dementia.			NOME OF PROMISER OR SUPPLIER MCMINN MEMORIAL NURSIN		STATEMENT OF DEPICIENCES AND PLAN OF CORRECTION	RTMENT OF KEALTH
es de		rolete Event ID: L4RW12	recapitulation orders dated December 1-31, 2010 and January 1-31, 2011 revealed "FSBS (fingerstick blood sugar) before meals and at bedtimeNovolin R Sikling Scale 250-300 = 4 units; 301-350 = 6 units; 351-400 = 8 units; 9 (greater than) 400 = 8 units recheck in 2 hr - ok to current SS (sliding scale) recheck in 2 hr - ok to do this x (times) 3 then notify MD for further orders" Medical record review of the Blood Glucose Tracking/Silding Scale insulin Administration Record dated December 2010 revealed no documentation the following blood sugar values obtained at 11:00 a.m., were rechecked in two hours: December 7, 2010 - 438; December 13, 2010 - 473; December 15, 2010 - 487; December 20, 2010 - 473; Dec	the physician was not notified of blood sugars over 400 as ordered. Resident #23 was admitted to the facility on February 11, 2008 and re-admitted on August 30, 2008 with diagnoses including Insufin Dependent Diabetes Mellitus, Hypertension, Hypothyroidism, and Damentia.	Continued From page 11 Interview with the Director of Nursing on January 6, 2011 at 3:30 p.m. confirmed the resident's blood sugar was not rechecked as ordered and	SUMMORY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST DE PRECENCE DE PUILL RECILATORY OR USC DERTIFYING INFORMATION)	WOMEOF PROMIDER OR SUPPLIER MCMINN NIEMORIAL NURSING HOME & REHAB CENTER	445277	(X1) PROVIDER/SUPPLER/CLIA IDENTERCATION NUMBER:	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES
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	flabrit Molden	Fadity ID: TAE-903 IF con	Til .	e.		PROVIDENS PLAN OF CORRECTION [EACH CORRECTIVE ACTION SHOULD BE CROSS-SEFERBYCED TO THE APPROPRIATE DEFICIENCY)	STREET ADDRESS, CATY, STATE, ZIP CODE 896 HWY 411 NORTH ETOWAH, TN 37331		(X2) MATHYLE CONSTRUCTION A BUILDING	car
240 240	ihar	If continuation sheet Page 12 of 22				RECTION SHOULD BE SPPROPRIATE	DE .	7.10	COMPLETED	PRINTED FORM OMB NO
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Feb. 1. 201 골		4:32PM	Wood	s Memorial	Accounting_			No. 358 ⊐æl		. '	SLALL SLALL	DE
₩ Q#9					{F 309}		{F 281}	PREFIX TAG	BOEPR		EMENT OF	PARTI
FORM CAS-2567(02-00) Provints Versions Ucoause	The findings included	Based on medical and interview, the unological procedures dent (#5) of the	This REQUIREME	Each resident mus provide the necess or maintain the hig mental, and psych accordance with the and plan of care.	Interview with the Assiste (ADON) in the conference 2011 at 2:15 p.m., confind follow the physician's oxid sugar values greater that 483.25 PROVIDE CARE HIGHEST WELL BEING	Medical record revi Tracking/Silding Sc Record dated Janu documentation a bi obtained on Janual blood sugar value o 2011 at 4:00 p.m.,	Continued From page 12 11, 2010 - 405; December 20, 201 10, 2010 - 405; December 20, 201 December 22, 2010 - 485. Further revealed no documentation a bloof of 445 obtained on December 20, p.m., was rechecked in two hours.	SUMMARY STA (EACH DEFICIENCY REGULATORY OR US REGULATORY OR US	NAME OF PROVIDER OR SUPPLIER MCMINN MEMORIAL NURSING		STATEMENT OF CORRECTION MOPLAN OF CORRECTION	MENT OF HEALTH
		by: Based on medical record review, observation, Based on medical records falled to ensure a and interview, the facility falled to ensure a urological procedure was scheduled for one resident (#5) of twenty-seven residents reviewed	This REQUIREMENT is not met as evidenced	Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	Interview with the Assistant Director of Nursing (ADON) in the conference room on January 6, 2011 at 2:15 p.m., confirmed the facility failed to follow the physician's orders to recheck the blood sugar values greater than 400 in two hours. 483.25 PROVIDE CARESERVICES FOR HIGHEST WELL BEING	Medical record review of the Blood Glucoso Tracking/Silding Scale Insulin Administration Record dated January 2011 revealed no documentation a blood sugar value of 482 obtained on January 2, 2011 at 11:00 a.m., and a blood sugar value of 403 abtained on January 3, 2011 at 4:00 p.m., were rechecked in two hours:	Continued From page 12 11, 2010 - 405; December 20, 2010 - 474; 11, 2010 - 405; December 20, 2010 - 474; December 22, 2010 - 486. Further review revealed no documentation a blood sugar value revealed no December 20, 2010 at 9:00 p.m., was rechecked in two hours.	SIMMAGAS ALTO DESTRESSION DE DESCRIBACIÓN DE CONTRACTOR DE PRESENTA DE PRESENTA INFORMATION PER CULTURA DE CONTRACTOR DE CONTRAC	NOMEOF PROVIDER OR SUPPLIER MICHINN MEMORIAL NURSING HOME & REHAB CENTER	445277	(X1) PROVIDERUSUPPLIERICLIA IDENTIFICATION MANIFER:	DEPARTMENT OF HEALTH AND HUMAN SERVICES
	Ewel ID-EdRAI12	vation, e a one reviewed	denced	ity must to attain ical, assment	ursing any 6, falled to the blood	tion 2 2 nuary 3, n hours:	19:00 19:00	NA P	TER		# E	(3) (3) (3) (3)
			15		(F 309)		(F 281)	PR#CX	STRE	g. NANG	A. BUILDING	
Polis Bul	Fadily ID; TNIS(ID) If con		nutsing staff to rescribe ture. At our re- resident was seen by physician at 0830 On 0121/11, resident returned to physician for removal of stents.		The lacility does and will ensure that the necessary care and services to attain/maintain highest practicable		e.	(E-OCH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE CROSS-REPERENCED CERCIENCY)	STREET ACCHESS, CITY, STATE, OF COORSE 886 FAYY 411 NORTH ETOWAH, TN 37331		A, BUILDING	
lu	It continuation sheet Page 13 of 22		at 0890.	Urologist) for resident #6	To that				_	01/25/2011	COMPLETED R	PRINTEU: UDZAZZA PROVED OMB NO. 0938-0391
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ge 14 of 22		Facility D: TNS403	Obsidebe Event ID:L45W12	CRUJ CMS-2567(02-49) Provious Versions Obsidets	SHOW CARS SA	
	I way and received the industry of the property of the property of the securities and educated upon return to work.	D.O.N. attend upon r	Observation and interview with the resident on January 5, 2011, at 9: 60 a.m., at the A-Wing nursing station, revealed the resident had no knowledge of the need to return to the hospital to exchange the bilateral stents in approximately four weeks. The resident had an indwelling catheter with the drainage bag in a pouch hanging	Observation and inl January 5, 2011, at nursing station, rev Knowledge of the nu exchange the bliste four weeks. The re catheter with the dr.		_ 4:32PM
02/02/11	sicians side for all Of/11 @	- Revi ordens charge	stated, "The information needed to arrange for the stents to be replaced is probably on the Kardex."	stated, "The informative stents to be rep Kardex."		_Wonds
	origing. All scheduled nurses adjusted regarding copying external orders in implicate starting 0.124/11 and organing. The handling of all physician orders was also reviewed at this time. Nurses not working (PT/PHN) will be offented educated upon return to work.	ongoir regare riplice The hr uses re workin oriente	Interview in the conference morn at 2:30 p.m., on January 4, 2011, with the Director of Nursing (DON) during review of the plan of care dated January 4, 2011, revealed, "Problem #1 - Need for recurrent perculaneous nephrostomy tubes and antegrade stentsassist with scheduling appointments" During interview, the DON	Interview in the con January 4, 2011, w (DON) during revier January 4, 2011, re for recurrent percut and antegrade sten appointments*		s Memorial
	report book, pharmacy, and Caro Plan Coordinators. Appointments will continue to be placed on desk appointment calendar and shift report. All nurses were made aware of survey lindings regarding missing physician conclument statics of 0.0774 and	raport Count to be calent - All r linding	Medical record review revealed transfer orders from the urologist (when resident returned from hospital post bilateral ureteral stent placement on October 4, 2010) included instructions to make arrangements for the resident to return in four months to have the stents "exchanged."	Medical record ray from the unologist (hospital post bilate October 4, 2040) in arrangements for it months to have the		Accounting
	going to nuiss recort book, planmacy (if mects), and Care Plan Coordinators. We will now be copying external orders (such as from specialists, dislysts, wound care, set from specialists, dislysts, wound care, and handling them the same as the in-house orders with codes going to	going meds) will no as from as from the loc.) a	Medical record review of the MDS (Minimum Data Set) dated October 29, 2010 revealed the resident is able to "make self understood and "understands others".	Medical record review Set) dated October 2 resident is able to "m "understands others"		
	charge nurses have been re-educated on charge nurses have been re-educated on booking resident appointments on desk calenciar and making reterral to Social Services for transportation. All in-house physician orders have an original plus three (3) copies. Copies	charje booking booking servic Servic - All ii	Medical record review revealed Resident #5 was admitted to the facility on January 30, 2006, with diagnoses including Insufan Depandent Diabetes, End Stage Renal Disease requiring Hemodialysis, Chronic Obstructive Pulmonary Disease, and Bilateral Below the Knee Amputations.	Medical record review revealed Reside admitted to the facility on January 30, diagnoses including Insufth Dependent End Stage Renal Disease requiring Ht Chronic Obstructive Pulmonery Disease Bilateral Below the Knee Amputations		
	All residents having specially appointments will have appointments appointments will have appointments appointments.	{F 309} - All r	Age 13	Continued From page 13	{F 30:9}	
CONNECTION	PROMIERTS PLAN OF CORRECTION (FACH CORRECTIVE ACTIONS SINGLE OBE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	PREFIX (I	SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FIX.L PEGULATORY OR USC IDENTIFYING INFORMATION)	SUMMARY STA (EACH DEFICIENC PEGULATORY OR I	CXQ ID PREFIX TAG	No. 35
	STREET ADDRESS, CITY, STATE, ZIP CODE BBS HWY 411 NORTH ETOWAH, TN 37331	STREET ADD BBS HWY	NAME OF PROVIDER OR SUPPLIER MICHINN MEMORIAL NURSING HOME & REHAB CENTER	NAME OF PROVIDER OR SUPPLIER MICHINN MEMORIAL NURSIN		85
2011	01/25/2011	B. WING	445277			Ρ.
B 5	ISTRUCTION (23) DATE SURVEY COMPLETED	CX2) MULTIPLE CONSTRUCTION A. EXILDING	(X3) PROMDER/SUPPLIENCE IA DENTIFICATION NUMBER:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	201	16
938-0			CENTERS FOR MEDICARE & MEDICAID SERVICES	RS FOR MEDICARI	CENTE	_

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		PM CKS-2				{F 441} \$S=E			19 <u>14</u>	(F 309)	FAST OF TANK	AME OF P		ATEMENT ID PLAN O	EPART	
		FORM CMS-2557(CC-80) Previous Ventore Obodets	(a) Maintains a record of incidents actions related to infections. (b) Preventing Spread of Infection	(a) Infection Control Program The facility must establish an Program under which it - (1) Investigates, controls, and in the facility.	The facility must establist infection Control Program safe, sanilary and comfit to help prevent the deve of disease and infection.	483.65 INFECTION SPREAD, LINENS	Nurse) #2 at the A-Wing nu January 5, 2011, at 8:10 a. and RN #2 frequently cared neither had known of the recent for stent archanges.	four months (from on the stents. During in She will need to state the family." Interv	Interview on Januar A-Wing nursing stal Practical Nurse) #1 Kardex and the A-V stated there was no	Continued From page 14 from the side of the electric wheek revealed the resident was oriented to answer questions appropriately.	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE	MCMINN MEMORIAL NURSING		STATEMENT OF DEFICIENCIES - WID PLAN OF CONUNCOTION	MENT OF HEALTH	
		Coolero Event ID, LARW12	(a) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection	(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility.	The facility must establish and maintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and intection.	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	Nurse) #2 at the A-Wing nursing station on January 5, 2011, at 9:10 a.m., verified LPN #1 and RN #2 frequently cared for the resident and neither had known of the need for the resident to coher for seent exchanges.	be tailing to chronigue of 2010) to exchange four months (from October 4, 2010) to exchange the stents. During interview, LPN #1 staled, "She will need to start making arrangements with her family." Interview with RN (Registered	Interview on January 5, 2011, at 8:10 a.m., at the A-Wing nursing station, revealed LPN (Liserced Practical Nurse) #1 reviewed the resident's Kardex and the A-Wing scheduling calendar and stated there was no record or instructions.	Continued From page 14 from the side of the electric wheelchair. Interview revealed the resident was oriented, alert, and able to answer questions appropriately.	SUMMARY STATEMENT OF DEPICIENCIES (FACH DEPOEMCY MUST BE PRECEDED BY FULL FREGULATORY OR LEGIDENTIFYING INFORMATION)	WOME OF PROVIDER OR SUPPLIER MOMINN MEMORIAL NURSING HOME & REHAB CENTER	445277	(X1) PROMDER/SUPPLEMCUA IDE/FECATYON/MUNBER:	DEPARTMENT OF HEALTH AND HUMAN SERVICES	
						(F 441)				{F 309}	PREFEX TAG	STR	B. WING	A BUILDING	*	
	Iceland Investigation	Foolity ID: 175-003			between residents as of 01/05/11. between residents as of 01/05/11. All residents in the facility affected by glucose meter monitoring were identified (Exhibit A)		çi	Aucti nurse, A.D.O. N., D.O.N. will monitor for compliance.	 Physician Order copies (owar one (1) week old) from report book will be turned into D.O.N./A.D.O.N at end of each week for review and monitoring. 	 All nurses are to continue checking physician orders (copies) in report book for at least one (1) week. Auch nurse vill continue monitoring new orders Monday - Friday for compliance. 	PROVIDERS PLAN OF CORRECTION [EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE CROSS REFERENCED TO THE APPROPRIATE CENDIDACY	STREET ADDRESS, CITY, STATE, ZIP COOK 886 HWY 411 NORTH ETOWAH, TN 37331		ECONSTRUCTION		
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ΩσΗ CNS-2567(C2-08) Previous Versions Chankle Event ID-L4RV/12	A revisit was completed at McMinn Memorial Nursing Home and Rehab Center on January 25 2011, following acceptance of an Allegation of	Continued From page 15 Continued From page 15 Continued From page 15 solaternines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact for with the resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on the Annual Recertification Survey Based on the Annual Recertification Survey results dated January 6, 2010, the facility failed to follow Standard Precautions (hard washing and wearing gloves) during the performance of routine blood sugar testing. The facility also used bood glucose monitors for testing more than one resident and failed to disinfect the monitors before and after each resident use, potentially exposing skyteen residents (# 4, #5, #7, #12, #13, #24) of sixteen residents reviewed, raceiving blood glucose monitoring to the spread of bloodbourne infection in the facility.	SUMMARY STATEMENT OF DEPICIENCIES TEACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)	NOME OF PROVIDER OR SUFFLER MCMINN MEMORIAL NURSING HOME & REHAB CENTER	445277	CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCES NO PLAN OF CORRECTION MO PLAN OF CORRECTION MO PLAN OF CORRECTION
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16 continuation shoot Page 16 of 22. Robert Bhilde		- Resident #4 confinues to have finger sicks performed. The glucose maler has been disinfected before, after, and between residents since 01/X5/11 get 1600. His physician and the Medical Director were notified of survey fadings 01/14/11 per incident report filled out by Audit Nurse and D.O.N. Physician was officed Hepatitis panel and HIV lab work received Hepatitis panel and HIV lab work received Hepatitis panel and HIV lab work officed Hepatitis panel and HIV lab work officed Hepatitis panel and HIV lab work received from Medical Director on 01/21/11. Results pending at this time. Family was notified of survey findings and change in facility protected for glucose maker cleansing and distinfecting glucose maker has been distinfecting sizes performed by facility. Blood glucose maker has been distinfected before, after, and between residents since 01/05/11 & 1600. Her physician, also the Medical Director, was notified of 1/14/11 of survey findings per indident report, filled out by Audit Nurso and D.O.N. A.D.O.N. offered Hepatitis panel and HIV lab work by facility for resident on 01/21/11. Besuits pending at this time. Resident was notified of survey findings and change in facility protocol for glucose maker deamsing and distinfaction of 01/19/11. Besuits pending at this time. Resident was notified of survey findings and change in facility protocol for glucose maker deamsing and distinfaction of 01/19/11.	PROVINCES PLAY OF CORRECTION PROVINCES PLAY OF CORRECTION PROPERTY SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPTOIENCY)	STREET ADMESS CITY, STATE, ZIP CODE 8865HWY 411 NORTH ETOWAH, TN 37331	01/2	
t Page 16 di			AIND BOUTH BANDS		01/25/2011	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED R

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		2700			{F 441}	PREFIX TAG		B. WING		03
	Folis bolision	Fadiny ID: TNISA03 If continuation sheet Page		Resident #12 continues to have finger stocks performed. The glucose meter has been and is being deaneed and disinfected before, after, and in between residents since 01/05/1 (@ 1620.) Physician and the Meckeal Director were redified of survey findings per incident report, [Med out by Audit Nurse and D.O.N. on 01/14/11. Physician was offered Hepatitis panel and HIV lab work by fiscility for resident by A.D.O.N. of 01/18/11 @ 1625. Order for lab work by fiscility for medical Director. Results pendified 01/18/11 @ 1625. Drider for lab work received from Medical Director. Results pendified 01/18/11 @ 1625 by D.O.N. of survey (Indings and facility change in protocol for glucose meter cleansing and disinfection.	- Resident #7 continues to have linger stokes performed by facility. Blood glucose meeter has been disInfected before, after, and between residents since 01/06/11 @ 1600. His physician and the Medical Director were notified 01/14/11 of survey findings per incident, report, filled out by Audit Nurse and D.C.N. Physician was offered Hepatitis panel and HIV lab work for resident on 01/18/11 @ 1615 by A.D.C.N. We received ordays from him 01/18/11 @ 1615 by A.D.C.N. We received ordays from him 01/18/11 it was performed with negative results. Family notified on 01/20/11 per fetter from Administrator of survey findings and facility change in protocol for glucose melet cleaning and disinfaction.	PROVIDERS PLAY OF CORRECTION (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE JUPPROPRIATE DEFICIENCY)	STREET ADDRESS, CITY, SYATE, ZIP CODE 8853WY 411 NORTH ETOWAH, TN 37331		(X2) MULTIPLE CONSTRUCTION A. BUTLDING	
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STATE. STATE.			. facility			∵ (F 441	PREFO	Š.	B. WING	V BUILD	
	/ sun/ /"	al Th			Resident #14 continues to have fir staks performed by the lacity. The staks performed by the lacity. The plucese meter has been clearsed at distributed by the lacity, and in between the state of the state, and in between the state of the s	and the second s	FROMDER'S PLAN OF CORRECT [EACH CORRECTIVE ACTION SHOU CROSS-SEFERENCED TO THE APPR DEFICIENCY)	FREET ADDRESS, CITY, STATE, ZIP CODE 886 HWY 411 NORTH ETOWAH, IN 37331		TALECONSTRUCTION	

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change in protocol for glucose meter cleansing and disinfecting. Resident #18 continues to have finger stacks performed by the facility. The glucose meter has been cleanes and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician and Medical Director were polysician and Medical Director were notified on 01/14/11 of survey findings by incident report filed out by Audit Nurse and D.O.N. On 01/18/11 A.D.O.N. caffed physician offering Hepatisis penel and Christ for lab work by facility for resident. Order for lab work received from Medical Director on 01/21/11. Results personal at this time. Family (son) was notified on 01/20/11 by Auministrator per letter of survey finding and change in protocol for glucose inveter cleansing and disinfecting. If continued in sheet Page Por Thelia.	(F 441) - Resident #17 continues to have finger stokes performed by the facility. The glucose mater has been cloarsed and disinfected before, after, and in between testidents since 01/05/11 @ 160. Her physician and the Medical Director were notified 01/14/11 of survey findings by incident upont, filled out by such Nurse and D.O.N. Physician was offered Hepatitis panel and HIV lab work for resident on 01/18/11 @ 1600. We received order 01/20/11 AM for Hepatitis C and HIV test. Resetts were negative. Family was notified by Administrator on otherwise the second of the control of the second of the control of the contr	O PROVIDERS PLANOF CORRECTION CACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIBICTY	BS6 H	B.WING 01/25/2011	A BULDING (22) NALTIPLE CONSTRUCTION (23) NATE SHRVEY COMPLETED

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ENAMOUNTE CONSTRUCTION A. BALLDING B. WAND STREET ACCRESS, CITY, STATE, Z. STREET ACCRESS, CITY, STATE, Z. BEG HAVY 411 NORTH ETOWAH, T.N. 37331 FROMITHE ETOWAH, T.N. 37331 FROMITH AND FROMITH AND CONFIGURE AND CHOOSE-REFERENCE D. T. FROMITH ETOWAH, T.N. 37331 FROMITH AND FROMITH AND CONTINUE and CHOOSE-REFERENCE D. T. FROMITH AND FROMITH		Eveni ID;LARIVI			IT OF DEFICIENCIES BE PRECEDED BY FULL WITHY SAST INFORMATION	ME & REHAB CENTER	445277	ROMDERSUPPLIERCLA JENTIFICATION NUMBER:	DICAID SERVICES
STATE, 2 STA				{F 441}	NABA SAT	ans ans	B, WRJG	A. BAALDIN	
		0	The glucose moter has been cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician and the Medical Director were notified on 03/14/11 of survey findings by incident report filed out by audit Nurse and D.O.M. Physician was offered Hepatitis panel and HIV lab work for resident on 01/18/11 At 0 to do lab work with negative results noted. Resident was redified per D.O.M. on 01/17/11 @ 1130 of survey factings and change in glucose meter obening and change in glucose meter obening and change in glucose meter deating and change in glucose meter was decharged. The glucose meter was decharged. The glucose meter was cleansed and disinfected before, after, and in between residents since 01/14/11 of 1600. Her physician and the Medical Director were notified on 01/14/11 of 1600. Her physician and the Medical out by audit Nurse and D.O.N. On 01/18/11 A.D.O.N. offered physician Hepatitis panel and HIV tab work by facility for resident.	 Resident #19 conlinues to have finger sticks performed by the facilit 	PROVIDERS IT.AN OF CONDECT (FACH CONSECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	REET ADDRESS, CITY, STATE, ZIP CODE 195 FAVY 411 NORTH ETOWAH, IN 37331		R CONSTRUCTION (CA) DA LE SHEVER COMPLETED	

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				(F 44)	PREFIX TAG			
in.	Fredhyth: 118648 Yechlowaki		Resident #22 continues to have finger sticks performed by the house. The glucose metor has been deansed and districted before, after, and in between residents since 01/15/11 @ 16/00. Her physician, who is the Modical Director, was notified on 01/14/11 per incident inport of survey results. He was contacted by A.D.O.N. on 01/18/11 @ 16/10 and offered Hopathis panel and HIV let work by tacility for resident, order for lab work peckived from Modical Director on 01/12/11 ft. Hesuits pending at this time. Family was notified 01/23/11 per Administrator letter of survey findings and change in protocol for cleansing and disinfecting of glucose meter.	Resident #21 continues to have finger sticks performed by the facility. The glucose meter has been cleansed and disinfected before, after, and in between residents since of /05/11 @ 1600. Her physician, who is also the Medical Director, was notified on Of /14/11 of survey findings by incident report filled out by Audit Nurse and D.O.N. Physician was contacted 01/18/11 @ 1610 by A.D.O.N. and offered Hopelitis panel and HV lab work by facility for resident. Order for lab work to shoot panel and HV lab work of the work roceived from Medical Director on 01/21/11. Results pending at this time. Family notified 01/20/11 by letter from Admiristrator regarding survey findings and change in protocol for cleansing and disinfecting the glucose mater.	PROVIDERS MAN OF CORRECTION (EACH CORRECTIVE ACTION SHOCK) OF CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	STREET ADDRESS, CITY, STATE, ZIP CODE 886 HWY 411 NORTH ETOWAH, TN 37831	LE CONSTRUCTION	
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		Facility		7F 448)	PREFIX TAS	STR	B. MENG	OCOMALTP A BURDING	
	Rolina Maldra	Factily ID: THE SIDE . If continu	The glucese meter vill continue to be disinfected before, after, and in between all current residents receiving finger sticks, for other current residents with new orders and for all new residents coming in who need finger sticks.	Hostdort #23-continues to have finger sticks portormed by the facility. The glucose meter has been cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. The physician and the Medical Director vere notified on 01/14/11 of survey lindings by incident report filled out by Autill Nurse and D.O.N. On 01/14/11 of survey lindings by physician was offered I bepatitis panel and HIV lab work by facility for resident by A.D.C.N. Onder for lab work received from Nedical Director on 01/21/11. Resident was notified 01/14/11 @ 13/15 of survey results and of change in facility protocol for glucose meter deansing and disinfected before, after, and in between residents since 01/05/11 @ 1800. The physician and Nedical Director were notified 01/14/11 of survey findings by incident report filled out by Audit Nurse and D.O.N. Physician was offered Hepatitis panel and HIV lab work for resident by facility for resident with results being negative. Resident was notified 01/19/11 @ 1100 of survey findings and change in glucose meter cleansing and disinfecting protocol by D.O.N. - All pending lab results back as of of 1/25/11 with all negative results.	PROVIDENS PLANOF CORRECTION (EACH CORRECTION STOLEN) (EACH CORRECTION STOLEN) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	STREET ADDRESS, CITY, STATE, 2IP CODE 888 HWY \$11 NORTH ETOWAH, TN 37331		A BUILDING	
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disinfection of glucose meter botween residents. (Exhibit 8) - A disinfection protocol (step by step) was developed on 01/05/11 and revised 01/17/11 in accordance with CDC glidefines. (Exhibit C) - One hundred percent (100%) of active nurses on schedule have been inserviced on proceed dishection of glucose meter as of 01/26/11. Inservices were conducted by A.D.O.N., D.O.N., and/or RN Supervisors who had been trained by A.D.O.N./D.O.N. PRN nurses and aurses missing literary to be deuted by A.D.O.N./D.O.N. PRN nurses and aurses missing literary to be deuted by A.D.O.N. A.D.O.N. or designated RN Supervisors on glucose mother disinfection upon returning to work and before they perform inger stakes. The glucose mater clearising protocol has been posted at each desk and is laped on treatment cart for buffler education/assistance to nurses providing the glucose motiloring. Each nurse was advised of protocol posting during inservinces and information is being passed on in report. (Exhibit D)	
disinfection of glucose meter between residents. (Exhibit 8) - A disinfection protocol (step by step) was developed on 01/05/11 and revised 0/11/1/1 in accordance with CDC guidefines. (Exhibit C) - One hundred powent (100%) of active nurses on achedule have been inserviced on proper disinfection of glucose maler as of 01/26/11. Inservices were conducted by A.D.O.M., D.O.M., and/or RN Supervisors who had been trained by A.D.O.M., D.O.M., or designated RN Supervisors on glucose moter disinfection upon returning to work and before they perform intervisors on glucose moter disinfection upon returning to work and before they perform intervisors on glucose moter disinfection upon returning to work and before they perform finger stake. The glucose moter desiration of the rurfaer education/assistance to nurses providing the glucose monitoring. Each nurse was advised of partocol posting during inservices and information is being passed on in report. (Exhibit D)	*
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disintection of glucose meter between residents. (Exhibit 8)	
Fi 44] Survey, for cleaning of glucos maker (Sure Step Floox and Equipment Care Policy) was reviewed, revised, and implemented on UNECH to Include	(F 441)
NG HOME & REHAB CENTER STREET STREET BETOV	MCMINN MEMORIAL NURSE
445277 B. WING 01/25/2011	
(X4) PROVIDENSUPPLIENCLIA (X3) BATE SURVEY A BUILDING A BUILDING	STATEMENT OF DEFICIENCES

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Feb. 1. 2(11 4:34PM Woods Memorial Accounting	No. 350 MCMINN J. 2010 PREHX	DEPARTMENT OF HELE CENTERS FOR MEDIC THIS TAIL THE DEPARTMENT OF DEFICENCES THIS PLAN OF CORPECTION THIS PLAN OF CORPECTION THE PROPERTY OF TH
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	{F 441)	TAG TAG	B. WHAS COS MULTIPA A. BALLDING
Editor 115403 Blue Sphilis	Individually wrapped sani-doth germiddal wipes that meel CDC guidelines were ordered, 01/06/11, and were available by Thursday 01/13/11 to aid in compliance with this requirement. (arge tubs of Super Sani-doth germiddel vipos have been in place to use since 01/05/11) and are still available. The germiddel vipos have been in place to use since 01/05/11) and are still available. The germiddel vipos have been in place to use since 01/05/11) and are still available. The germiddel vipos have been in place to the following the for the (2) minutes in order for delinfection to occur. This was included in inservices. Timers have been purchased 01/20/11 to throe the two (2) minutes and are on treatment carts. All Nursing Homo & Rehab Staff mentioned below were recoducated on standard precautions and Hand have been standard precautions with emphasis on Standard precautions with emphasis on Standard precautions and Hand Hydrene were used.) Multiple kneervices so than the second on the following the finite staff in services were given by operturent, housekeeping, and maintenance. Inservices were given by O.O.N., A.D.O.N., HN Supervisors, and therapy department supervisor 100% of advise their inserviced. PRNs and employees not working who missed the inservice have been identified and will be recoducated, one on one, upon returning to work. This will be ongoing. (Exhibit G,) shift armual education and armually with annual education as functed on standard/wriversel precautions at time of hire flay menter disinfection at dime of hire in the standard are required to reachinate annually. This will be ongoing.	STREET ADDRESS, CITY, STATE, ZIP CODE 886 HWY 411 NORTH ETOWIAH, TN 37331 PROVIDERS PLAN OF CORRECTION (EACH CORRECT TO THE APPROVENTION DEFICIENCY)	(XX) MULTIPLE CONSTRUCTION A. BALDING B. YMANS
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8		Event ID Location		25			132		SUMMARY STATEMENT OF DEFICIENCES (SACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)	NOME OF PROVIDER OR SUPPLIER MCMINN MEMORIAL NURSING HOME & REHAB CENTER	445277	(X1) PROMIDENSUPPLIENCIA IDENTIFICATION NUMBER:	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES
					15			{F 441}	PREFIX TAG	Şı	B. WING	V BOILDING	
	Robert	Facility IDC TNS 40.3		2	e e	- Monitoring (Surveillance) of pucces meter disinfection began 01/05/11 and will be performed weekly during all shifts by D.O.N., A.D.O.N., Audit Nurse, infection Control Nurse, and/or trailined RN Supervisors. A log is being kept by A.D.O.N. with all active nurses listed to ensure that each nurse on exheatle trasponsible for finger sticks will be observed at least one time monthly. Education material is available at B-wing desk including; glucuse meter disinfection instruction, glucose testing with Sure Step Hexx and Equipment Care Policy, Standard Procardions Policy, Standard Procardions Policy, Hand Hyglene Policy and other various education material to use for one or small group education, recducation and/or counseling purpocess. (Exhabit H)	D.O.N. on O1/X5/F1 & 1530, one or one, regarding standard precautions, handwashing, and glove wearing. She was also counseled/recedurated by infection Control runse on O1/X9/11 & 1390. (She was not in first inservice & 1400 on O1/X5/11 because site was providing patient care at this time. She attended the 1615 inservice.)		PROVINERS PLWY OF COMPRECTION [EACH CORRECTION ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICENCY]	STREET ADDRESS, CITY, SYATE, ZP CODE B861WY 411 NORTH ETOWAH, TN 37331		A BUILDING	(F)
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ition and/or itil be implem it be implem it from this my PI/OA med I/27/11) and I/27/11) and I/27/11) the next arterly meet it.	Counseling/readucation and/or counseling/readucation will be implemented as necessary. Reports from this meeting will then be taken to PI/OA meetings vuil then be taken to PI/OA meetings quarterly (starting 01/27/11) and forwarded to Modical Director and Administrator monthly. The next scheduled PI/OA quarterly meeting will be 04/21/11 @ 1200.		*		
ance of gluca nd ard precautio scussed mon ab staff meet nd 02/02/11	- Data from survoillance of glucose mater disinfection and handwashing/standard precautions with be reviewed and discussed monthly at nursing home & rehab staff meetings. (Studing 02/01/11 and 02/02/11 at 1400 by D.O.N./A.D.O.N.)		·		
red at least or capt by A.D.C washing will a l., Audit Nurs arse and/or tr	employee is observed at least one (1) lime quarterly and kept by A.D.O.N. Monitoring of handwashing will be done by D.D.N., A.D.O.N., Audit Nurse, Infection Control Nurse andfor trained other staff. (Exhibit I)	· · · · · · · · · · · · · · · · · · ·			a - 2
emdwashing alglowes has all glowes has all lection Confunction Confunction and be on going and be on going and be on going all lections listed to en a listed to en all lections all lections are lections.	Surveillance of bandwashing and proper wearing of glowes has already been in place by infection Control Nurse and will continue and be on going. A log cook has now been made of 1/20/11 with all active employees listed to ensure that each nursing from 8, rehab centor	(F 441)	de <u>Constante</u>	y.	{F 441}
S PLAN OF CORR CONVENCION SI NICED FO THE AP DEFICIENCY	PROVINCES PLAN OF CORRECTION (FACH CORRECTION ACTION SURVINOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPOSEACY)	DAT TAG	PRECEDED BY FULL YING INFORMATION)	SUMMAY SYNTEMENT OF DEPOEMBLES FEAR DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LISC EXMITEYING INFORMATION)	PREFIX TAG
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